## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number, 10/540560

| CLAIMS AS FILED - PART I  (Column 1) (Column 2)               |  |   |  |   |                    |                                  |         | SMALL ENTITY TYPE |                        |    | OTHER THAN SMALL ENTITY    |                        |
|---|--|---|--|---|--------------------|----------------------------------|---------|-------------------|------------------------|----|----------------------------|------------------------|
| U.S.  | NATIONAL S                                     | STAGE FEES                                | (Column                                    | . ]   |                    | Column 2)                        | RAT     | E                 | FEE                    |    | RATE                       | FEE                    |
| BASIC FEE   |  |   | SMALL ENT.                                 | Γ. = \$ 150 LARC                            |                    | E ENT. = \$ 300                  | BASIC F | E                 | 150                    | OR | BASICHEE                   |                        |
| EXAMINATION FEE   |  |   | Satisfies PCT Ar                           |   |                    | ner situations = 100 / \$ 200    | ZIAM/F  | <b>₽</b> 3        | 100                    | ·  | LASS LEB                   |                        |
| SEARCH FEE  |  |   | U.S. is ISA = \$ ALL other cou \$ 200 / \$ | untries = All otr                           |                    | ner situations =<br>250 / \$ 500 | SEARCH  |                   | 200                    |    | SEARCH FEE                 |                        |
| FEE FOR EXTRA SPEC. PGS.                                      |  |   | minus 100 =                                |   |                    | / 50 =                           | X\$ 12  | 5 =               | 7                      |    | X \$ 250 =                 | •                      |
| тот   | AL CHARGEAE                                    | BLE CLAIMS                                | 3 minus 20 = .                             |   |                    | 1                                | X \$ 2  | 5 =               |                        | OR | X \$ 50 =                  |                        |
| INDE  | PENDENT CL                                     | AIMS                                      | \ minus 3 =                                |   |                    | 1.                               |         | d =               |                        | OR | X \$ 200 =                 |                        |
| MUL   | TIPLE DEPEN                                    | DENT CLAIM PRE                            | ESENT                                      |   |                    |                                  | + \$ 18 | 0 =               |                        | OR | + \$ 360 =                 |                        |
| * If  | the difference                                 | in column 1 is l                          | ess than zero                              | , enter "0                                  | " in co            | lumn 2                           | тот     | AL.               | 450                    | OR | TOTAL                      |                        |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3) |  |   |  |   |                    |                                  | SMA     | SMALL ENTITY OR   |                        |    | OTHER THAN<br>SMALL ENTITY |                        |
| AMENDMENT A   | ,  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |  | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR |                    | PRESENT<br>EXTRA                 | RAT     | E                 | ADDI-<br>TIONAL<br>FEE |    | RATE                       | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus                                      | **  |                    | =                                | X \$ 2  | 5 =               |                        | OR | X \$ 50 =                  |                        |
|   | Independent                                    | •   | Minus                                      | ***   |                    | = .                              | X \$ 10 | 0 =               |                        | OR | X \$ 200 =                 |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |  |   |                    |                                  | + \$ 18 | 0 =               |                        | OR | + \$ 360 =                 |                        |
|   | :  |   |  |   |                    |                                  | TOTAL A |                   |                        | OR | TOTAL ADDIT.<br>FEE        |                        |
|   |  | (Column 1)                                | •  | (Colun                                      | nn 2)              | (Column 3)                       | •       |                   |                        |    |                            |                        |
| AMENDMENT B   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |  | HIGHE<br>NUME<br>PREVIO<br>PAID I           | EST<br>BER<br>USLY | PRESENT<br>EXTRA                 | RAT     | E                 | ADDI-<br>TIONAL<br>FEE |    | RATE                       | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus                                      | **  |                    | =                                | X \$ 2  | 5 =               |                        | OR | X \$ 50 =                  |                        |
|   | Independent                                    | *   | Minus                                      | ***   |                    | =                                | X \$ 10 | 0 =               |                        | OR | X \$ 200 =                 |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |  |   |                    |                                  | + \$ 18 | 0 =               |                        | OR | + \$ 360 =                 |                        |
|   |  |   |  |   |                    |                                  | TOTAL A |                   |                        | OR | TOTAL ADDIT. FEE           |                        |
|   |  | •   |  |   |                    |                                  |         |                   |                        |    |                            |                        |

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<sup>\*</sup> If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

<sup>\*\*</sup> If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".

<sup>\*\*\*</sup> If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.